



State of Louisiana

Department of Health and Hospitals
Center for Environmental Health Services

Course Approval Form – Operator Certification Program

Complete and submit this form on each course you wish to offer for continuing education credit.

DATE _____ Fee Yes / No Open to Public Yes / No
Sponsor _____
Contact Person _____ E-mail _____
Address _____
Phone number(s) _____ FAX number _____
Instructor(s) _____
Course Title _____
Scheduled Date(s) _____
Location _____

In order to be considered for continuing education credit, you must submit this completed form to the address below at least **30 days** in advance.

Attach agenda of training session complete with:

1. Subject(s) to be covered
2. Time to be spent on each subject
3. Categories of certification to be covered (circle in box)
4. Instructor qualifications (Certifications held, education, experience, etc.)

Categories of Certification to be covered
Circle all that apply
WD1 WD2 WD3 WD4
WP1 WP2 WP3 WP4
WT1 WT2 WT3 WT4
WWC1 WWC2 WWC3 WWC4
WWT1 WWT2 WWT3 WWT4
ALL WATER ALL WASTEWATER

If this course is approved by DHH/OPH, the instructor or designated sponsoring authority must return a copy of this form with completed sign-in sheet(s). Original sign-in sheet(s) must be turned in no later than 30-days upon completion of the course with Approval Number.

Approved: yes / no Hours: _____ Date Approved: _____
Comments: _____

Date Inputted: _____
Approval authority: _____ Approval #: _____